



# Cottage Food Operation Application

Email Application to: [eh@carsoncity.gov](mailto:eh@carsoncity.gov)  
**Permits and Fees are NON-Transferrable and NON-Refundable**  
 Carson City Health and Human Services Environmental Health Division  
 900 E Long St Carson City, NV 89706  
 Phone: 775-887-2190 ext. 80029      [Gethealthycarsoncity.org](http://Gethealthycarsoncity.org)



## Business/Site Information

Cottage Food Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: _____	State: _____	Zip: _____
Phone: (      ) _____	Email (required): _____	
Mailing Address: _____		
Mailing City: _____	Mailing State: _____	Mailing Zip: _____

## Operational Information (Check all that you plan to sell at)

- |  |   |
|--|---|
| <input type="checkbox"/> Home                            | <input type="checkbox"/> Swap Meet/Flea Market  |
| <input type="checkbox"/> Farmers Market                  | <input type="checkbox"/> Transient EVENT such as a church bazaar, garage sale or craft fair |
| <input type="checkbox"/> Farm stand on personal property | <input type="checkbox"/> Other: _____   |

**\*Packaged Food LABELS:** Foods packaged for sale off-premises must be labeled in compliance with applicable requirements of 21 U.S.C. § 343(W) AND 9 C.F.R. PART 317 AND 21 C.F.R. PART 101, and must bear the statement, "MADE IN A COTTAGE FOOD OPERATION THAT IS NOT SUBJECT TO GOVERNMENT FOOD SAFETY INSPECTION."

## Required Documentation (Initial)

- Failure to submit these documents will delay application review, processing, and approval.
- \_\_\_\_ List of **ALL** food items proposed to be sold with **COMPLETE RECIPES** and list of ingredients
- \_\_\_\_ Sample label of **one** recipe that meets all labeling requirements (See label guidelines below)
- \_\_\_\_ Submit details on the proposed packaging materials to be used for each, multiple, or all recipes
- \_\_\_\_ (CARSON CITY RESIDENTS) Must have or started process for Business License with Carson City (775-887-2105)
- \_\_\_\_ (CARSON CITY AND DOUGLAS RESIDENTS) Must be registered with the Secretary of State Office (775-684-5708)

## Labeling

Example Only



Food packaging must be affixed with labeling that prominently reads: "**MADE IN A COTTAGE FOOD OPERATION THAT IS NOT SUBJECT TO GOVERNMENT FOOD SAFETY INSPECTION.**"

All required labeling information should be printed prominently and conspicuously in English. Print size should be no smaller than one-sixteenth of an inch (8pt font size for most fonts) based on the lower-case letter "o" and must include the following:

- 1. Statement of identity** - the common, usual name or descriptive identity of the packaged food item.
- 2. Net quantity of contents** - net weight in ounces, pounds, or grams, or net content in fluid ounces pints, liters, or number of pieces.
- 3. Ingredient statement** - a list of all ingredients, in descending order of predominance by weight. This includes listing all ingredients of an ingredient that contains two or more ingredients.
- 4. The name and physical address**- where the product was manufactured, packaged or distributed.
- 5. Declaration of any of the 9 major food allergens contained in the food or made within the kitchen**- 9 major allergens: Milk, Egg, Fish, Crustacean shellfish, Tree nuts, Wheat, Peanuts, Soybeans, Sesame. All allergens must be identified on each label for each food item to be made. The type of tree nut must be identified (see example)

**Ingredient Restrictions**

**Approved Cottage Food Items**

- Baked goods that are not potentially hazardous\*
- Candies
- Cereals, trail mixes, and granola
- Commercially dried fruits
- Dry herbs and seasoning mixes
- Jams, jellies, and preserves
- Nuts and nut mixes
- Popcorn and popcorn balls
- Vinegar and flavored vinegars

\*Potentially hazardous foods (PHFs) are foods that require time or temperature control to prevent the growth of harmful microorganisms i.e. bacteria

**Not Approved Cottage Food Items (this list is not all inclusive)**

- Cheese
- Cream
- Cream cheese
- Custard
- Fresh fruit
- Fruit butters
- Meat
- Meringue
- Uncooked dairy items
- Uncooked egg
- Whipped Butter

MUST NOT REQUIRE TIME OR TEMPERATURE CONTROLS FOR FOOD SAFETY

**Acknowledgment of NRS 446.866 (initial all spots)**

- \_\_\_\_\_ I understand that inspections **will not** be conducted in my home and that I will be solely and fully responsible for the safety of the food sold from this cottage operation
- \_\_\_\_\_ I understand that submitting images or recipes without all information within the application can cause delays in processing and approval.
- \_\_\_\_\_ I understand that I **will** be financially liable for any fees and/or costs incurred by the health authority in regard to any investigation of food adulteration or foodborne illness complaints filed against my cottage food operation found to be valid (NRS 446.866.5)
- \_\_\_\_\_ I understand that cottage food operations found to be in violation of the Cottage Food Law will be issued an order to "Cease and Desist" food sales
- \_\_\_\_\_ I understand that cottage food operations **may only sell** direct to consumer, and may not sell to another business establishment (NRS 446.866.1a)
- \_\_\_\_\_ I understand that cottage food operations may only sell packaged foods in person (**NO INTERNET OR PHONE SALES**) (NRS 446.866.1a)
- \_\_\_\_\_ I understand that **ALL** foods from a cottage food operation must bear a label stating "MADE IN A COTTAGE FOOD OPERATION THAT IS NOT SUBJECT TO GOVERNMENT FOOD SAFETY INSPECTION" (NRS 446.866.1d)
- \_\_\_\_\_ I understand that **ALL** labels of foods sold from a Cottage Food Operation must meet applicable requirements of 21 U.S.C. § 343(W) AND 9 C.F.R. PART 101
- \_\_\_\_\_ I understand that I **cannot** sell any new food products/items until I **submit and obtain approval** from the Environmental Health Division (NRS 446.886.3)
- \_\_\_\_\_ I understand that my annual cottage food profit sales **cannot** exceed \$35,000 (NRS 446.866.6a)
- \_\_\_\_\_ I understand that I **must** submit a Temporary Food Event Application for each temporary event that I will be attending

*I hereby consent to inspection by the HEALTH DEPARTMENT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements. By signing below, I certify that I am the owner or authorized representative of this business and that all statements made on this application are true to the best of my knowledge.*

Owner/Operator Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_